MUNICIPAL FORM NO. 103—(Revised January, 1959) (To be accomplished in duplicate)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF DEATH

FILL OUT COMPLETELY, ACCURATELY, AND LEGIBLY WITH INK OR TYPEWRITER

Register Number: 100

Province: Neg. Occ.
City or Municipality: Bacolod City

(a) Civil Registrar-General No.
(b) Local Civil Registrar No. 107

1. PLACE OF DEATH:
a. PROVINCE: Neg. Occ.
b. CITY OR TOWN: Bacolod City
c. LENGTH OF STAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If in hospital or institution,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. PROVINCE: Neg. Occ.
b. CITY OR TOWN: Bacolod City
c. ADDRESS STREET OR BARRIO: 36 Jalandon Sto. Niño Sts.

3. NAME OF DECEASED (Type or print): a. (First) Diosdada b. (Middle) Bayadog (Last) Pamocemo

4. DATE OF DEATH: (Month) January (Day) 15 (Year) 1972

5. SEX	6. RACE	7. MARRIED; NEVER MARRIED; WIDOWED; DIVORCED OR SEPARATED (Specify)	8. DATE OF BIRTH	9. AGE (Years)	IF UNDER 1 YEAR (Months)	(Days)	IF UNDER 24 HOURS (Hours)	(Minutes)
female	br.	married		69				

10. a. USUAL OCCUPATION (State nature and character of work)	10. b. GIVE SPECIFIC BUSINESS OR INDUSTRY	11. BIRTHPLACE (Philippines or foreign country) a. CITY OR TOWN b. PROVINCE	12. CITIZEN OF WHAT COUNTRY
hk		Sagay, Neg. Occ.	Phil.

13. FATHER'S NAME (Write plainly in full): deceased

14. MOTHER'S MAIDEN NAME (Write plainly in full): deceased

15. IF MARRIED, NAME AND ADDRESS OF SURVIVING SPOUSE: Paulino Pamocemo

16. INFORMANT: a. (Signature)
b. (Name in Print) Felicidad Düngal
c. (Address) Bacolod City
d. (Relation to deceased) Daughter-in-law

17. CAUSE OF DEATH
Enter only one cause per line (a), (b) and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATE

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH:*
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
(a) Cardio Respiratory Arrest
DUE TO (b) Pulmonary Tuberculosis
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to the death but not related to the disease or condition causing death.

EXHUMED: MAY 20 2025

AUTOPSY
YES ☐ NO ☐
(Findings at the back)

18a. DATE OF OPERATION

18b. MAJOR FINDINGS OF OPERATION

20a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

20b. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office, building, etc.)

20c. (Town or Street) (City) (Province)

20d. TIME OF INJURY (Month) (Day) (Year) (Hour) ___M

20e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20f. HOW DID INJURY OCCUR?

21. I HEREBY CERTIFY that the foregoing particulars are correct as near as the same can be ascertained, and I further certify that I have/not attended the deceased from _____, 19___, to _____, 19___, that death occurred at 10:30a.m. from the causes and on the date stated above.

22(a) CERTIFIED CORRECT BY:
☐ Private Physician
☐ Public Health Officer
☐ Hospital authorities

22(b)
(Signature)
(Full name in printed letters) Alexander Araneta, M.D.
(Address) Bacolod City
(Date) January 15, 1972

23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION Province (City, town)

24. DATE RECEIVED BY LOCAL CIVIL REGISTRAR | 24a. REGISTRAR'S SIGNATURE (Name in print)

24b. BURIAL PERMIT NO. 4408642 ISSUED ON 1/16/72
TRANSIT PERMIT NO. _____ ISSUED ON _____
BY _____

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RESERVE FOR BINDING

CERTIFIED MACHINE CO.
ISSUED AT BACOLOD CITY ON
MAY 20 2025
ATTY. HERMILO B. PA-OYON
CITY CIVIL REGISTRAR

OFFICE OF THE CITY CIVIL REGISTRAR
BACOLOD CITY

I HEREBY CERTIFY *that I have this* _____ *day of* _____, *19*____ *performed an autopsy upon the body of the deceased,* _____, *and that the cause* (Name of deceased)
of death was as follows: _____

_____

_____

(*Signature*) _____

(*Name in print*) _____

(*Title*) _____

(*Address*) _____

CERTIFICATION OF EMBALMER

I HEREBY CERTIFY *that I have embalmed* Diosdado Bayadog *after having* (Name of deceased)
followed all the regulations prescribed by the Bureau of Health.

(*Signature*) _____

(*Name in print*) Leandro Alanes

(*Title*) Lic. Embalmer

(*Address*) Funeraria Angeles, Bacolod City

(*License No.* 253, *issued at* Manila

_____ *on* Sept. 21, 1960)

ood for four days only.

IMPORTANT

1. In filling out this form the attending physician (private doctor) or municipal health officer concerned should be guided by the instructions contained in the MANUAL ON CIVIL REGISTRATION AND VITAL STATISTICS issued by the Civil Registrar General;

2. (*a*). Under penalty of a fine of not less than ₱10 nor more than ₱200, no human body shall be buried unless the proper death certificate has been presented and filed in the office of the local civil registrar. (Sections 6, and 17 Act 3753).

(*b*) Any person who shall knowingly make false statements in the forms furnished and shall present the same for entry in the civil register, shall be punished by imprisonment for not less than 1 month nor more than 6 months, or by a fine of not less than ₱200 nor more than ₱500, or both in the discretion of the court. (Section 16, Act 3753).

3. FOETAL DEATHS.—Is death prior to the complete expulsion or extraction from the mother of a product of conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such separation the foetus does not breath or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles. Such death must be registered by using the FOETAL DEATH CERTIFICATE, Municipal Form No. 103-A, prescribed for this purpose.

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